PE-009 Rev. 08/02

Commonwealth of Kentucky Kentucky State Board for Proprietary Education P. O. Box 1360 Frankfort, KY 40602 (502) 564-3296, Ext. 227

APPLICATION FOR PERMIT TO ACT AS AN AGENT

INSTRUCTIONS TO AGENTS:

- 1. This application must be typed or printed legibly and completed in its entirety.
- 2. A recent passport-type photo 2"x2", must be submitted with the application. The applicant's name and social security number must be typed or printed legibly on the back of the photograph. DO NOT SUBMIT PHOTOGRAPHS ON 8 ½ X 11 PAPER.

INSTRUCTIONS TO SCHOOL ADMINISTRATOR:

- 1. Complete Section VI on applicant.
- 2. Include the permit fee of \$150 by certified check or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.**
 - 3. Submit this application, surety bond, application fee, & photograph to the State Board office at: P.O. Box 1360, Frankfort, KY 40602, or 911 Leawood Dr., Frankfort, KY 40601.

Section I

I hereby make application for a permit to act as a Proprietary School Agent in the Commonwealth of Kentucky							
Mr./Mrs./Miss/Ms							
Home Address:							
Street		City			•	Phone	
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •	SECTIO		•••••	• • • • • • •	• • • • • • • • • •	••••
Birthplace:	Birthdate:		_ SSN: _		Ht.	Wt	
 Have you been a licens If yes, indicate name a Have you ever been re Have you ever been ar violations)? Yes If the answer to Are you currently empl If yes, indicate the occ 	and location of school efused an Agent's Per smissed from any po- rested, indicted or co- No 1, 2, 3, or 4 above is loyed in some other ocupation and location	l: rmit in any solution for in convicted of a Yes, explain accupation? i:	state or hannoral or violation coin the circu	ad it revoke unprofessic of the law (o umstances No	onal conduct excluding n fully on an	ct? Yes _ ninor traffic attached sh	_ No eet.
		SECTION					
Name of school you will re	epresent:						
Address:							
Street Name of immediate supervisions		City		State	Zip		Phone
•							
Mailing Address: Street		Citv		State			Phone

SECTION IV

I certify that I will abide by the rules, regulations, and standards established by the Kentucky State Board for Proprietary Education, pursuant to KRS Chapter 165A and Administrative Regulations. I further certify that all the information given in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant:	Da	Date:				
SECTION V-0 (Must be completed by respons	CERTIFICATES OF CHARACTER Sible persons other than relati					
1. I certify that I am personally acquainted wof my knowledge and belief, he/she is of good worthy to be issued a permit to act as a Propression	d moral character, I therefore rec	ommend him/her as being				
Name:	Profession:					
Address:						
Signature:		ate:				
2. I certify that I am personally acquainted wof my knowledge and belief, he/she is of good worthy to be issued a permit to act as a Propression	d moral character, I therefore rec	•				
Name:	Profession:					
Address:						
Signature:	Da	ate:				
SECTION V	/I-SCHOOL CERTIFICATION	• • • • • • • • • • • • • • • • • • • •				
 This agent is covered by a \$5,000 (Five TI? Form PE-006, Blanket Agent Bond? Continuation Certificate # 		-				
Insurance Company, dated						
2. I further certify that licensure by the KENTUCKY STATE BOARD FC he/she is worthy to be licensed.	who makes this applicated who makes this applicated with the properties of the properties who makes this application. The properties who makes this application with the properties of the prope	ation, will be in my employ after to the best of my knowledge,				
		(Name of School)				
 (Date)	 (Signature)	(Title)				